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<table border="1"> <tr> <td> Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VICTOR V OH/</u> Examiner's Signature </td> <td> <input type="checkbox"/> Met after Allowance t.o. Initials </td> <td> STATE OR COUNTRY JAPAN </td> <td> SHEETS DRAWINGS 0 </td> <td> TOTAL CLAIMS 45 </td> <td> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VICTOR V OH/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance t.o. Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 0	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 2
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